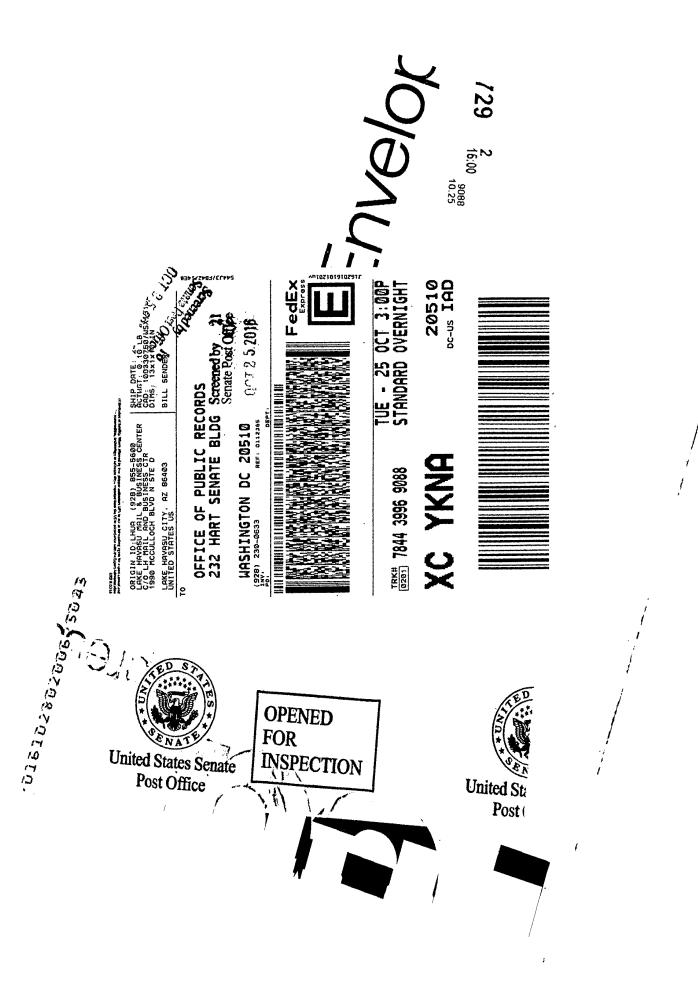
FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

1. (a) Name of Candidate (in full) Kelli M. Ward	
(b) Address (number and street)	2. FEC Candidate Identification Number S6A 200 233
(c) City, State, and ZIP Code Lake Havasu City, AZ 86	3. Is This New Amende (N) OR (A)
Republican 5. Office Sought US Senate 6.	State & District of Candidate A Z 0 0
DESIGNATION OF PRINCIPAL CA	AMPAIGN COMMITTEE
I hereby designate the following named political committee as my Principal Can NOTE: This designation should be filed with the appropriate office listed in the i	(year of election)
(a) Name of Committee (in full)	
Ward For Senate	
(b) Address (number and street)	
1990 mc Cullow BIVd	# D-2Z8
(c) City, State, and ZIP Code	
Lake Havasu City, AZ 8	6403
DESIGNATION OF OTHER AUTH (Including Joint Fundraising F	IORIZED COMMITTEES Representatives)
DESIGNATION OF OTHER AUTH (Including Joint Fundraising F	IORIZED COMMITTEES Representatives) campaign committee, to receive and expend funds on behalf of my
DESIGNATION OF OTHER AUTH (Including Joint Fundraising F) 8. I hereby authorize the following named committee, which is NOT my principal of candidacy.	IORIZED COMMITTEES Representatives) campaign committee, to receive and expend funds on behalf of my
DESIGNATION OF OTHER AUTH (Including Joint Fundraising F I hereby authorize the following named committee, which is NOT my principal or candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	IORIZED COMMITTEES Representatives) campaign committee, to receive and expend funds on behalf of my
DESIGNATION OF OTHER AUTH (Including Joint Fundraising F I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign committee.	IORIZED COMMITTEES Representatives) campaign committee, to receive and expend funds on behalf of my
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DESIGNATION OF OTHER AUTH (Including Joint Fundraising F) B. I hereby authorize the following named committee, which is NOT my principal of candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	Representatives) campaign committee, to receive and expend funds on behalf of my
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DESIGNATION OF OTHER AUTH (Including Joint Fundraising F) 3. I hereby authorize the following named committee, which is NOT my principal of candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	Representatives) campaign committee, to receive and expend funds on behalf of my . rknowledge and belief it is true, correct and complete. Date 10 - 21 - 16
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DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

WASKINGTION, DC 20510-7116
PHONE(202) 224-0322

THE PRECEDING DOCUME	VI WAS:		
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USPS FIRST CLASS MAIL	Date of Receipt		Postmark
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	Postmark		
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OVERNIGHT DELIVERY SER	VICE:		
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Date of Rece	lipt or Postmark		0-27-16
PREPARER	DAT	E PREPARED	



SEN PATCH



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